

**Introductory Remarks:
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(Applause.)

A.F.M. RUHAL HAQUE: Good afternoon. Ladies and gentleman, it's a pleasure to be here. I'd like to thank everybody who has organized this session – especially Raj, who has been in my country a few times; and hope that he knows Bangladesh well – my GAVI members, and everybody who I have been working for the last few days.

Fellow colleagues, excellencies from different corners; I think it's a pleasure to talk and work for this wonderful action, Call for Survival, survival of the children, that every child should see the fifth birthday.

What a wonderful opportunity. Why should any child die? And we know now over 7 million babies are dying and most of them are dying in the first month. What a tragedy. The mother has been rearing the baby. The baby is born and the child is no longer there within a month. We know the causes. And it's about time that we put our attention to see how we can save all these babies.

Ladies and gentlemen, Bangladesh is a small country with a lot of population. It's 450 square kilometers with 150 million people – most densely populated in the world; about a thousand people living per square kilometer. Comparing to my neighbor India, it's a very large country with a large population but they have one-third of the density. So I have some problems.

Ladies and gentlemen, I have been a minister for the last three-and-a-half years. And this has been my task, to put the health sector on the road. I have been very lucky. I have been a physician all my life. I've been treating patients and I was given this task, to do many things which in the morning Dr. Chen and other speakers have mentioned and mentioned among others that we are right on the track. Thank you very much for noticing us.

The – how have we done it. We have a very small budget; large population. I would say the commitment, the commitment of the top politicians, commitment from the top, and the commitment from the people who are working for the health. I think that's what it has taken us. We had started a community clinic, what is for every 6,000 people in the village, there are three health workers who are working for maternity, child care, family and everything that goes for the health care.

That was there. That was stopped and we have restarted. When I started, there was none. And today, there are 11,500 community clinics working in the country. And in every community clinic, there are at least a hundred to 150 patients who are seen free of cost, medicines given free of cost. So that's how we start and that's how we have become successful.

Our oral rehydration therapy, I think, will develop soon – the invention from Bangladesh, you know, that reduces diarrhea. And we have been not only doing the oral therapy – the immunization, the family planning and care of the newborn. That's why we take care. Our 11,000 community clinics are taking care of all these with all the health workers that have been attached to it.

Our per capita health budget is – you will be very astonished – it's about (\$7 to \$8. And what do we do with it? We teach. We have medical education. We have nursing education. We have about 5,000 hospitals, 11,000 community clinics, family planning and everything with these dollars. And that's how we've managed. So it's the strong commitment that makes it possible.

It's free health care for all. It's free for the doorsteps to the people. And that's how we provide everything that is possible. We are trying to take the help of the technology. We have taken the help of the technology of mobile phones. There are millions of people with the mobile phones, and now the mothers can register themselves with the mobile phones and they can get advice by text – or by voice, because most of them cannot read the text. So they will hear the voice when to go to the doctor and if they have a problem they can reach a doctor from the phone. So I think that's the wonderful situation that we have been able to do.

We have been able to motivate mothers for prenatal checkup. We have been able to motivate mothers who come not only for once or two to three times. So it's not only for the mother and child. We are trying to do everything that is possible to take care.

The child mortality – the subject today – we started when we were independent in 1971 with a very large number – up to in 1990 it came to 143 and today, we have reached to 53 and our target is 48. So we are not very far off. And I think we can reach 48 before 2015 and I am quite – it is quite possible for me to do so.

You know that child mortality – is neonatal mortality; is really not only in my country but around the world – is plateaued. And that's why we really have to put our foot down. And that's why we really have to take things into consideration. And we know that it's diarrhea and it's pneumonia. But the threats here, these are the common things that save the babies and we have the technology. We know how it can be done. So it's about time that we do it.

I am proud to say that we are not only been able to reduce the child mortality by two-thirds. We have been awarded a prize by the U.N. secretary-general to our honorable prime minister for achieving this goal in 2010. So we are looking forward that we can reduce it further and we have not neglecting mothers. I think my belief as a doctor is that you cannot take a neonatal and the mother separately. You have to take it strongly together. The person who is trained the deliver the mother – there must be somebody who should be looked after to the neonate. Otherwise, we will have child mortality. So I believe the target or reducing to 20 by 2035 is within our sight.

Our government role in the private sector, with the private sector is very strong. And we've been very helpful. I would say we have been very lucky that the private sector work

hand-in-hand not only with mother and child but also with tuberculosis, malaria, HIV. We have been very lucky in HIV; we have only a few hundred patients and a few thousand positive cases.

The water solution that was invented in our country is now worldwide. And we take care of that. We teach people how even not only can buy the water prepared solution, but they can make the water solution with common water, salt and sugar at home. So people learn that.

We have this fantastic combination of NGOs, GOs and civil society. We have a fantastic combination of USAID. They have helped us with a program called Helping Babies Breathe to treat asphyxia, the commonest cause of – another common cause of death of the neonates. We have already been able to train.

My team is here, and I think if they take hold of Raj and take a lot of money because I would like this program to be all over the country. We have this wonderful program to treat the asphyxia, whether the neonate is breathing or not and they need a very small tool and they have already trained 8,000 to 10,000 people. And we are trying to train about 30,000 to 40,000 people with this program. And I am very – I am very happy that USAID with other people have come for it.

We are working with the university – Bangabandhu Medical University and ministry of health; other – USAID, UNICEF and all other organizations along with us. Not only with this, but we have a(n) emergency – (inaudible) – care. We have places where if mothers are in trouble they can reach to via mobile telephone or others. And we have free ambulance service.

We have cash incentive for the mothers who are delivering babies at the site and they – a who are poor. Not only they are given free service – even if they have – (inaudible) – they are also given money to treat, take care of themselves and their baby.

Nutrition – it's a fantastic other side that we really know that is one of the common cause of the problem in the mother and the child. So we are taking care of the nutrition. And we have made it possible. We have brought it into our whole health system so that we can take care of nutrition of the whole country.

So we provide not only the free health care for common things, common illnesses, but we also provide free health service for everything that is possible – even up to the coronary bypass and et cetera, which talking about the association of our NGOs. Mobile Alliance for Maternal Action – MAMA – it's another fantastic program that capitalizes on the fact that 63 percent of the households in Bangladesh own mobile telephones.

So we can deliver the message through the mobile telephone and the MAMA project is a good example of participation of private and government sector. And we are proud that we have been able to do it. The immunization coverage is more than 80 percent, and in some places even more than that but it averages 80 percent, 85 percent. We are poised, and my friend here from GAVI is promising me soon he will give me pneumococcal and antiretrovirals.

Hopefully, we will be able to introduce this in Bangladesh and our neonatal death will come down. Or hopefully that will be able to perform very well. Bangladesh is a good example of a good synergy of public and private sector. Through these health services, we will reach and the underprivileged, the poor and the village people. Our policy is pro-poor, pro-people. Bangladesh is moving beyond m-disease and I think it's about time that we look beyond 2015 for every sector of disease.

And we are also looking – so the call for action is a fantastic, I think, initiation by the U.S. government and I would like to thank everybody who is associated with it. And I believe we know how the child mortality can be reduced. Technology, medicine, vaccine is here to solve – to save these children.

We need to commit ourselves. Let us commit and say that we do not forget tomorrow that what we have been learning here. We must commit, my fellow ministers and colleagues. We should take care of these babies so that we can save them. Let us work together and let's work together. Thank you very much. (Applause.)

ANNOUNCER: Ladies and gentlemen, please turn your attention to our next video highlighting an important new public-private partnership.

(Begin video presentation.)

NARRATOR: There are parts of the world where children still die of diarrheal diseases. Over a million of these children never live to see age 5, and over half of these deaths are happening in just five countries: India, Nigeria, Afghanistan, Pakistan and Ethiopia. Each of us has a part in saving these children.

Together, we can drastically reduce the number of deaths by treating the afflicted children. Oral rehydration salts, newly formulated, can replace electrolytes. Zinc supplements can reduce symptoms and help clear viruses. But how to educate families and communities to proactively recognize and manage diarrheal diseases?

Today, we come together in a world partnership to end death by diarrheal diseases in children. A mission that must not and cannot fail if each of us does our part – governments, multinational institutions, NGOs, donor agencies and the private sector.

If we embrace our part to ensure adequate supplies of new ORS and zinc supplements, promote the routine use of these treatments, introduce rotavirus vaccination programs and fund and provide the infrastructure for this world initiative. If we come together in the true spirit of partnership, together we can make a world of difference.

(End video presentation.)